

Book reviews

Children of Choice: Freedom and the New Reproductive Technologies

John A Robertson, Princeton, Princeton University Press, 1994, 201 pages, £23.50, US \$29.95.

The scope of reproductive choices has never been greater. The range of contraceptive devices is constantly growing. Technology continues to improve methods of conception for the infertile. Yet at the same time there are examples of individuals' reproductive choice being subject to worrying constraints. For instance, in the USA women receiving welfare benefits in certain states were told that they must have the contraceptive device Norplant inserted to protect them against conception because of the consequent cost of conception to the state.

The scientific advances of the last two decades have provided much fodder for academic debate in the area of reproductive technologies. In *Children of Choice* Professor Robertson provides a framework for the analysis of such technologies. He takes as the basis for his discussion a concept he calls "procreative liberty". Procreative liberty is the freedom to choose whether or not to have offspring and to control the use of one's reproductive capacity. Robertson states that this liberty does not imply that there is a duty upon others to provide resources to facilitate that liberty. Rather, it simply requires others to refrain from interference with its exercise. For example, it entitles an individual to receive protection from coercive state measures. He argues that procreative liberty should be protected unless it can be shown that "tangible harm" will be caused to the interests of others.

While many of the issues examined in this book, such as abortion and

assisted reproduction, have been discussed, often extensively, elsewhere in the past, Robertson's text is particularly interesting in that he informs his discussion with reference to recent developments and new technologies. For example, he considers the implications of genetic screening and genetic manipulation. Procreative liberty, he suggests, entitles couples to use screening techniques to select embryos prior to implantation. A further element of this liberty is that individuals should be able to reject the use of technologies such as genetic diagnosis when making choices around conception. Procreative liberty also gives a couple the right to control the disposition of embryos created during the process of infertility treatment. His proposition that procreative liberty also means that there are obligations to ensure consumer safety in the area of the provision of new reproductive technologies may be seen as questionable, if procreative liberty is seen as a negative right.

Arguably one of the most controversial parts of Robertson's text involves discussion of those situations in which he believes that imposition of constraints upon procreative liberty are justifiable. For example, he suggests that a woman may be morally obligated to behave in a certain manner during pregnancy. While he believes that observation of practices such as a healthy diet should generally be the subject of encouragement during pregnancy, he suggests that in some situations it may be legitimate to use coercive measures, including criminal sanctions, to govern a pregnant woman's behaviour. Nevertheless he does recognise that the costs and benefits of such sanctions should be tested empirically.

In his penultimate chapter "Farming the uterus", Robertson considers the implications of his thesis in relation to the use of reproductive capacity for purposes other than reproduction, such as the production

of embryos for research and production of fetal tissue.

The argument from a rights-based procreative liberty is unlikely to be accepted by all. Robertson, in his final chapter, anticipates certain objections which may be advanced to this approach from, for example, a feminist perspective and a communitarian critique. Does he convince? Nearly but not totally. The limits upon procreative liberty require, I would suggest, greater clarification. His arguments for the concept of procreative liberty are unlikely to disarm a feminist critique where fundamental differences of approach are likely to persist.

Children of Choice is a bold book, providing a scholarly analysis combined with an account which is accessible and interesting. It should provide the basis of much stimulating debate in this area.

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Humane Medicine

Miles Little, Melbourne, Cambridge University Press, 1995, xi and 195 pages, £12.95. sc, £27.50 hc.

Do not be put off, as I was, by the title, whose adjective cloaks a possible confusion between general benevolence, and that illumination which comes from study of the arts – both of which are commended in the text, one by implication, the other by the specific suggestion that both admission to medical school and the subsequent medical curriculum should place greater emphasis on linguistic skills. And there is the further question, "To what (other than bad medicine) might "humane medicine" be antithetical?"

The central problem which Little addresses is what he sees as increasing difficulty and failure of communication between doctors and patients, leading, along with other factors, to a loss of esteem for the profession. "Government control, hostile media, complaints departments and increasing litigation warn that the communication barriers are harming the standing of the medical profession, and threatening to limit the very real good that it has the power to do." Little sees the "reductionist" emphasis of a largely science-based medical curriculum as a hindrance to the development of communication skills by doctors; and calls for "a new medicine", with greater emphasis on "an empathic stance", and for "a conscious change from a medical model which is biopositive to one which is biohumane". Science deals with generalisations and groups; whereas the practice of medicine deals with individuals and their specific problems. "The uniqueness of individuals and their quest for autonomy are best understood through the humanities, because poets, novelists, playwrights, painters and sculptors all deal with individuals. Doctors, patients and the community should benefit from these insights". In practical terms, there should be increased selection of medical students from those with a training in the humanities; and the humanities "should be a part of medical education".

The implications of this thesis for medical practice and medical ethics are clearly described and explained. It will not be popular with those who put their trust in charters, in tighter financial controls, or even in guidelines, algorithms and "evidence-based medicine" (which can comprise only a small part of the totality of illness for which health care can be effective). But it is a view which has been largely expressed by those with no personal experience of the actualities of medical practice; now that it has been stated, and clearly stated, by a practising surgeon, it may gain more of the attention which it deserves. There must of course be preservation of what is scientifically established (and in spite of Popper, there are things in whose existence we can feel some confidence, such as genes and hormones); and the most skilled communication is flawed, when used to promulgate "what ain't so".

Are there faults? The book without faults remains to be written. A minor fault may be a certain tendency to

introduce unexplained marginalia, which do not affect the argument, and which (while expanding the list of references) may tend to confuse the reader. To give a concrete example of this, Husserl's phenomenology and Ricoeur's critique of it are cited on page 17, without explanation of their relevance. More seriously, but understandably in the light of the main thesis, the differences between the scientific and empathic aspects of medical practice are stressed, rather than their essential complementarity.

"Who is this book for?" – or, if you prefer it, "For whom is this book?" At the risk of presumption, not for the non-medical professional ethicist; and still less for an academic philosopher, especially anyone whose mind may still be nourished by the dead sea fruit of logical positivism. The material on the cover of the book, while not an affidavit, for once provides a good answer, claiming that the book "will be of interest to medical students and their teachers, clinicians, health policy planners, and other readers concerned about the direction of the medical profession". Understandably, the last of these categories would not admit of many exclusions; but the others, with the possible exception of health policy planners who might be upset by the real life flavour of the book, are "spot on". To them, I would commend it with some warmth.

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The International Assessment of Health-related Quality of Life: Theory, Translation, Measurement and Analysis

Edited by Sally Shumaker and Richard Berzon, Oxford, Rapid Communications of Oxford Ltd, 1995, 275 pages, £80.

Until recently it was only possible to judge the effectiveness of modern medicine by the criteria of death rates or clinical and laboratory indicators of disease. In the last twenty years or so an explosion of research activity has

occurred in relation to what is termed "health-related quality of life" (HRQOL). An enormous number of questionnaires and interview schedules have been produced by medical, epidemiological and social scientific investigators, designed to assess the personal significance of ill-health and the subjective benefits of health care interventions. This industry, an appropriate term in view of the scale of activity, eventually attracted the attention of philosophers and medical ethicists for two reasons. Firstly, questionnaires that were developed purported to measure the personal meaning of human states of well-being and illness. This has been the intellectual territory of philosophers since at least the time of Aristotle. Secondly measures of health-related quality of life achieved notoriety for one specific use to which they were put – to provide estimates for health economists of the relative utility of medical treatments in the context of utilitarian approaches to resource allocation in health care. A core interest for medical ethicists is the examination of moral principles underlying the allocation of scarce resources.

Sally Shumaker and Richard Berzon have edited a collection of essays on a subject that may well have provided a third reason for ethicists and philosophers to examine this burgeoning field of enquiry. The presupposition of almost all of the essays in this collection is that questionnaires can provide equivalent assessments of health-related quality of life across cultures. The answers to questions about well-being and function provided by middle class Bostonians can be treated as equivalent to those provided by the slum-dwellers of Calcutta. This will provoke many to think of longstanding philosophical questions about whether notions of well-being or of the value of life are universal or culture-specific. The main reason for this most recent development within the industry of HRQOL has been quite commercial in origin – the growing need for clinical trials of drugs to be conducted in larger numbers of countries with diverse languages.

The chapters describe in careful detail the meticulous processes whereby questionnaires such as the Nottingham Health Profile, the Sickness Impact Profile, the MOS SF-36 and EuroQol are translated from the original English to new languages and then field-tested for reliability and validity. The tone of almost all of the papers is strikingly pragmatic and